

## COMMUNITY INTEGRATION PLANNING GUIDANCE

**Objective:** This is a guidance document to offer LMEs-MCOs and/or their contracted entities with ideas about how to begin conversations with individuals about community integration, alternative housing options, and community-based services and supports. Conversation about community integration should begin during the Diversion process and reflect the individualized needs of the individual.

**Disclaimer:** *This document contains only brief, general ideas for questions and suggestions about how to begin the conversation about community integration planning. It is not intended to be an all-inclusive checklist. All responses of the individual should be clearly documented and available to review for monitoring and SA Compliance to ensure that individual per the SA is "fully informed of the available alternatives to entry into an adult care home"*

*\*\*If the individual chooses to transition into an adult care home, per the SA, the steps taken to show that the decision was an informed one should be documented by completing the IDM tool.*

**Some key areas of interest to include in your conversation with the individual and the documented discussion regarding CIP in the diversion notes in TCLD are:**

### **Living Situation**

*Begin by asking the individual/guardian the following question, "If I want to help you find a place to stay in the community, what would that place look like?" "Where do you really want to live and why?" "Where do you not want to live and why?"*

Reminder: If the individual/guardian needs more prompting, then ask specific questions about their ideal housing situation

- Do you live or want to live close to family? Do you live or want to live close to a bus line? Is it important that you can walk to a corner store?
- What kind of things do you have difficulty with or need help with? For instance, do you have difficulty climbing steps or reaching higher cabinets? Will you need surfaces lowered, widened doors due or other special accommodations due to wheelchair use? If deaf, hard of hearing or blind, the interviewer should have knowledge of accommodations and explore those with the individual if needed. Did you prefer living alone or with a roommate? If with a roommate, interviewer should explain the conditions of having a roommate
- What types of situations might cause you to consider living in an ACH?
- Have you ever lost housing and why? What worked and what did not work while living on your own?
- What services are or will need to be in place if you live in the community? What services or supports do you receive, or think should be in place to prevent loss of housing?
- Have you ever been evicted from housing? Why?

**Alternative Housing Options Discussion - Per SA, individual should be "fully informed of the available alternatives to entry into an adult care home"**

**Below is a list of the different types of available alternatives to entry in to an ACH that can be discussed with an individual (this is not a comprehensive all inclusive list as there may be other options that could be discussed if it pertains to the individual and their situation)**

- Supported Housing (Transition to Community Living Initiative Housing slot)
- .5600 Mental Health Group Homes
- In the community w/family or friends w/out a TCLI slot
- In the community on their own w/out a TCLI slot
- Assisted Living (ACH, FCH, ALF)
- Other alternative housing options applicable

**Employment/Volunteering Daily Activities**

*"How would your time be spent differently if you lived in the community?" "Have you considered getting a job or volunteering maybe?"*

If they say yes, here are some additional questions to get them talking about work/volunteering.

- There are a lot of different jobs to do and places to volunteer, can you give me an idea of what kind of job or place you are interested in working at? (i.e., fast food, retail, office, etc.)
- Are you currently employed? If so, what type of work do you do? If not, what type of work would you like to do?
- If you could find a job or volunteer, what would you like to do? (part-time or full-time)

**Learning**

*"Did you finish high school or get a GED?"*

- If yes, did you attend college? Did you get a degree? If so, what was the degree in?
- If no, have you ever thought about going back to school (diploma, GED or college degree)?

**Managing Money**

*"Do you manage your own money and pay bills?"*

- Do you have outstanding bills owed to utility companies? (i.e., light, cable, phone bills)
- If you could get assistance to learn new skills about managing money, what do you want to learn about? (i.e., budgeting, open bank account, etc.)

**Family and Relationships**

*"Tell me about the relationships you have with the people in your family, community, facility, church, etc.?" "How would you describe the best relationships? How would you describe the worst relationships?"*

- Who do you spend the most time with each day? Who do you miss spending time with?
- Would you like the opportunity to make friends and meet people?

## **Living Safety and Taking Risks**

*“How important would you say it is for you to live on your own?”*

- What worries do you have about living on your own?
- Are there any safety concerns (i.e., falls, fires, etc.) that you have about living on your own?

## **Everyday Tasks**

*“Describe what you usually do each day?” (You get up in the morning then ...)*

- What are you able to do for yourself and what does others do for you?
- See if they will describe in detail what they can do for themselves (cooking, cleaning, climbing stairs, bathing, dressing)

## **Health and Well-being**

*“Do you have a primary care provider (PCP)?” if yes, how often do you see them?”*

Reminder: If they answer no, the next step is to link them to a PCP of their choice.

- Do you think you have good or poor health? Why?
- If it's poor, do you want to learn about ways to improve your health? (i.e., eat right, exercise, stop smoking/drugs, manage stress, etc.)

## **Medical Care**

*“What medical issues do you want me to know about?” (i.e., illnesses, special diet, limitations, equipment/assistive technology needs, etc.)*

Reminder: This should be more of a quick discussion for awareness purposes because most, if not all of these, are usually identified on the Comprehensive Clinical Assessment (CCA). This would be good information to share with LME-MCO medical staff (nurse, etc.) to assist when there are health and medical care issues to address further.

- Do you feel you are able to take your medications alone or will you need assistance?
- What type of assistance with your medication will you need? (i.e., taking it from pill bottles, someone else has to set up a pill box weekly, blister packs needed, or possibly an auto dispenser)

## **Behavioral Healthcare**

*“Describe to me what it's like when you feel good and you are well? “*

- What triggers will increase your symptoms and what triggers will decrease your symptoms?
- What are some early warning signs for when you need someone to intervene on your behalf?
- How do you want people to intervene when they notice you are not feeling good or not doing well? (i.e., call family/friend, contact behavioral health provider, give you time alone, listen to you and be supportive)

## **Community-Based Services and Supports**

**Below is a list of the different types of Community based services and supports that can be discussed with an individual (this is not a comprehensive all-inclusive list as there may be other supports and service options that could be discussed if it pertains to the individual and their situation)**

- Assertive Community Treatment (ACT)
- Community Support Team (CST)
- Transition Management Services (TMS)
- Outpatient Therapy (OPT)
- Medication Management
- Supported Employment
- Psychosocial Rehabilitation (PSR)
- Other community-based services and supports that may be applicable

### **Personal Care**

*“What does recovery mean to you?”*

- What do you think is the best way to take care of yourself?
- What are some personal goals for yourself? (i.e., What things bring you joy? What motivates you? What would you do more of, if you could?)

### **Transportation**

*“Will you need assistance with transportation?” (i.e., get to grocery store, doctor, community activities)*

- Do you know how to use public transportation?
- Do you have a driver’s license or need assistance to get your license back?
- Do you have a personal vehicle to use for transportation? Does it work or need to be repaired?

### **Community Resources/Other**

*“What would change about your current living situation?”*

- What places, things and people in the community do you want to be learn about?

### **Legal**

*“Do you have any legal problems you want to mention? “If yes, explain.*

- Have you ever been arrested, in jail, or convicted of a crime? If yes, explain.
- Are you currently on probation? If yes, explain.
- If you have pending charges, list any court dates you know.

### **Additional Questions:**

*“What kind of help do you need to be successful?”*

*“Did I miss anything you wanted to tell me?” Anything you want to add or correct?”*